



**District of Columbia State Innovation Model**  
Quality Metrics Work Group: Meeting Summary

November 16, 2015  
3:00 p.m. – 4:30 p.m.

**Participants:** Mark Weissman, Colette Chichester, Loretta Rodt, Emily Eelman, Karin Werner, Cathy Anderton, Gavin Weiss, Robert Howard, Dayne Maust, Donald Miller, DaShawn Groves, Charlotte DaCosta, Bethany Sanders, Jennifer Zuz, Patryce Toye, Jane Hooker, Carmen Smiley, Melissa Mayer, Derdire Coleman, Constance Yancy, An-Tsun Huang, Kandis Driscoll, Anajli Talwalkar, Emily Putzer, Jane Hooker, Bethany Sanders, Melanie Sage, Rachel McLaughlin, Carmen Smiley, Remy Szykier

| TOPIC  | DISCUSSION  |
|--|---|
| Goals of the Work Group and SIM Grant Overview | <ul style="list-style-type: none"> <li>• <b>Stakeholders discussed the broad goals of the Quality Metrics Work Group, which include:</b> <ul style="list-style-type: none"> <li>➤ Developing recommendations that streamline quality reporting across all payers in the District; promote agreement on a shared set of measures; identify quality report infrastructure and strategies for quality improvement;</li> <li>➤ Determining how best to measure improvement; and</li> <li>➤ Aligning the work of the Quality Work Group with the other SIM Workgroups.</li> </ul> </li> <li>• <b>Dr. Weissman provided an overview of the SIM grant and discussed how the District plans to leverage the opportunity:</b> <ul style="list-style-type: none"> <li>➤ The SIM Initiative provides an opportunity for states to deliver better care, improve health outcomes, and lower cost—D.C. has the following short-term and long-term goals: <ul style="list-style-type: none"> <li>○ <i>Short-term:</i> Implement a Chronic Condition Health Home that integrates and coordinates primary, acute, behavioral health, and long-term services and supports. Health Home</li> </ul> </li> </ul> </li> </ul> |

| TOPIC  | DISCUSSION   |
|--|--|
|  | <p>One includes Medicaid beneficiaries with a SMI diagnosis, while Health Home Two will include beneficiaries with 2+ chronic conditions or those with 1+ chronic condition who are chronically homeless.</p> <ul style="list-style-type: none"> <li>○ <i>Long-term:</i> Transform the payment and delivery system from FFS to one that promotes better health outcomes.</li> </ul>  |
| <p><u>Current Quality Reporting Activities</u></p> | <ul style="list-style-type: none"> <li>● <b>The current quality reporting measures used in the District include:</b> <ul style="list-style-type: none"> <li>➤ <i>Medicaid MCOs:</i> MCOs are required to report on HEDIS measures, pediatric measures (e.g. asthma), perinatal measures (e.g. low-birth weight, frequency of prenatal care, infant mortality, pre- and postpartum care), HIV screening measures, care coordination measures for adults, and utilization measures.</li> <li>➤ <i>Dept. of Health:</i> DOH working on Healthy People 2020 indicators, which includes measures on access to health care, quality of care, disease, asthma, and population health.</li> <li>➤ <i>FQHCs:</i> The Uniform Data Set is reported to the federal government agency, Health Resources and Services Administration, which includes clinical and non-clinical measures (e.g. zip code, income, demographic information) and quality measures on chronic disease management, cancer screenings, pediatric immunizations, prenatal care and low-birth weight, entry to care for new HIV patients, depression screenings, and tobacco screenings and cessation counseling.</li> <li>➤ <i>Meaningful Use:</i> Eligible providers need to successfully attest to demonstrating meaningful use of certified electronic health records (EHRs) using electronic clinical measures which closely overlap with HEDIS and CHIP measures.</li> </ul> </li> </ul> |
| <p><u>Quality Reporting Challenges</u></p>         | <ul style="list-style-type: none"> <li>● <b>Stakeholders discussed common challenges with quality reporting measures:</b> <ul style="list-style-type: none"> <li>➤ There are gaps in reporting because subsets of patients being excluded from measures based</li> </ul> </li> </ul>   |

| TOPIC                    | DISCUSSION   |
|--------------------------|--|
|                          | <p>on metric criteria and enrollment rules.</p> <ul style="list-style-type: none"> <li>➤ There is a gap in the feedback loop between what plans and providers know/report and what clinicians see while serving patients.</li> <li>➤ The District must consider how to appropriately measure improvements in quality when developing reporting metrics. It is critical to be able to benchmark the measures whether it is at the national or regional levels or even peers.</li> </ul>   |
| Resources and Next Steps | <ul style="list-style-type: none"> <li>• <b>Resource:</b> The National Quality Forum website: <a href="http://www.qualityforum.org/Home.aspx">http://www.qualityforum.org/Home.aspx</a></li> <li>• <b>Next Steps:</b> <ol style="list-style-type: none"> <li>1. SIM Core Team will catalog metrics used in the District as well as in other state's health home programs</li> <li>2. The next meeting is scheduled for <b>Monday, December 14<sup>th</sup> from 3:00PM to 4:30PM</b>—all other meetings will occur on the third Monday of every month in the afternoon.</li> </ol> </li> </ul> |